



LOUISVILLE METRO COMMUNITY ACTION PARTNERSHIP  
Seniors In Service  
Foster Grandparent Program (FGP)  
P. O. Box 2197  
1200 S. 3rd Street, Louisville, KY 40201-2197  
(502) 574-1157



**VOLUNTEER APPLICATION FORM**

**Name** (Mr. Mrs. Ms.) \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone No.** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_ **SSN** \_\_\_\_\_

**Marital Status:** \_\_\_\_\_ **Married** \_\_\_\_\_ **Widow(er)** \_\_\_\_\_ **Single** \_\_\_\_\_ **Divorced**  
(please check)

Source of referral to FGP: \_\_\_\_\_ newspaper \_\_\_\_\_ family member \_\_\_\_\_ presentation at a group meeting  
\_\_\_\_\_ TV/radio \_\_\_\_\_ another volunteer \_\_\_\_\_ friend \_\_\_\_\_ other (please specify) \_\_\_\_\_

Are you currently employed? ( ) Yes ( ) No If yes, where? \_\_\_\_\_

No. of Hours Worked Per Week \_\_\_\_\_ Previous employment \_\_\_\_\_

Educational Level (Please circle last grade completed): Elementary School 1 2 3 4 5 6 7 8

High School 9 10 11 12 College 1 2 3 4 Graduate (Major) \_\_\_\_\_

Previous volunteer experience (Where, When and Job Description) \_\_\_\_\_

Special training, skills or interests, i.e., Languages, Teaching experience, Trades, Hobbies, etc. \_\_\_\_\_

Have you ever been fined or convicted for violation of any law? ( ) Yes ( ) No (If yes, explain)

Restrictions that might/will affect your availability for volunteer service (family, work schedule, etc.)

(over)

List total monthly income for **all household members** from the following sources:

Social Security \_\_\_\_\_ SSI \_\_\_\_\_ Retirement Pension \_\_\_\_\_ Salary From Employment \_\_\_\_\_  
amount amount amount amount

Interest Income \_\_\_\_\_ Other Income \_\_\_\_\_  
amount amount please list source of other income

**TOTAL MONTHLY HOUSEHOLD INCOME** \_\_\_\_\_ Number of Persons in Household \_\_\_\_\_

Please list names and addresses of Character References (Please do not list relatives):

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

**I plan to use the following means of transportation to and from the assigned volunteer site:**

( ) Drive myself ( ) TARC 3 ( ) TARC ( ) Ride with someone ( ) Walk

( ) other (please list) \_\_\_\_\_

*If you plan to drive yourself:*

Your Driver's License # \_\_\_\_\_ Drivers License Renewal Date \_\_\_\_\_

Car Liability Insurance Company \_\_\_\_\_

Insurance Policy No. \_\_\_\_\_ Insurance Renewal Date \_\_\_\_\_

**In case of emergency please notify:**

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone No. \_\_\_\_\_ Relationship \_\_\_\_\_

Physician \_\_\_\_\_ Phone No. \_\_\_\_\_

***I hereby declare the information provided by me in this application is true, correct and complete to the best of my knowledge. I understand that if I am accepted as a member of FGP, any misstatement or omission of information could be cause for dismissal.***

Signature of FGP Volunteer \_\_\_\_\_ Date \_\_\_\_\_

Signature of FGP Coordinator \_\_\_\_\_ Date \_\_\_\_\_

Signature of SIS Recruiter or Manager \_\_\_\_\_ Date \_\_\_\_\_  
(Please circle title)

CAP/SIS/FGP (Rev. 01/23/03)